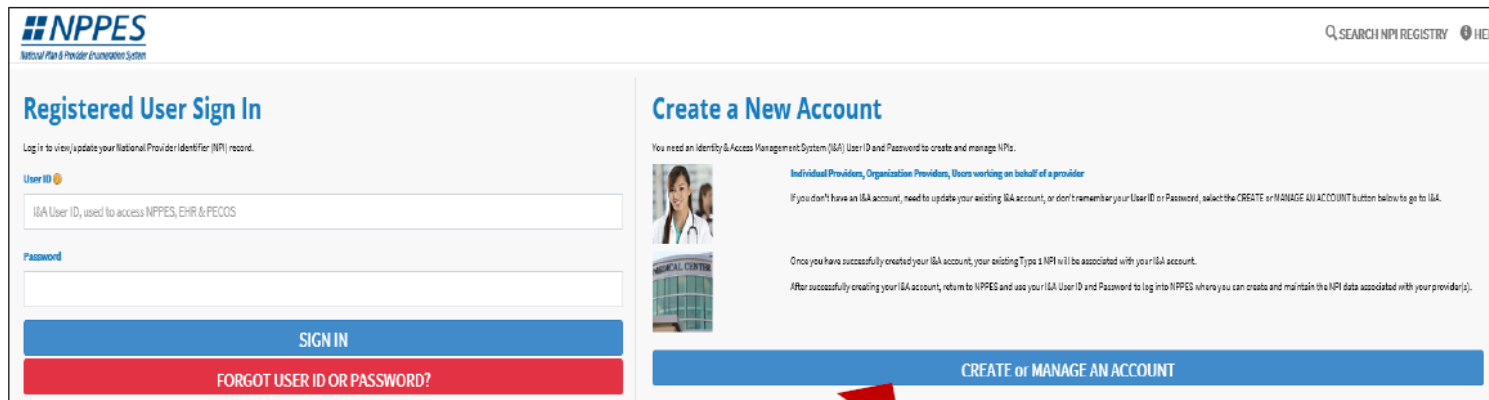# GUIDE TO COMPLETING TYPE 2 NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION USING THE NATIONAL PLAN & PROVIDER ENUMERATION SYSTEM (NPPES)
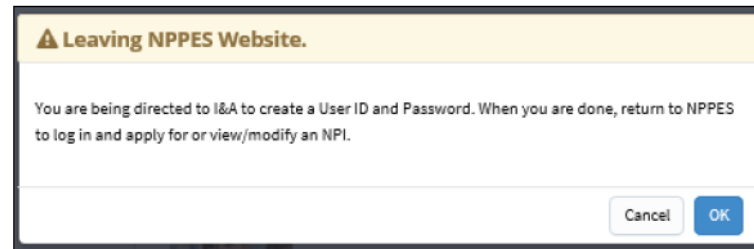
Last Updated: November 20, 2024

BEGINNING INSTRUCTIONS

This guide outlines the steps of creating an account in NPPES and proceeding with completion of a Type 2 NPI application for a CHW agency.

Access https://nppes.cms.hhs.gov to sign in as a registered user or follow the instructions to create a new account.

- Select **Create or Manage an Account**

- Select **OK** on the **Leaving NPPES Website** pop up.

- User must select **Accept** to agree to the Terms and Conditions of the Identity & Access Management System.
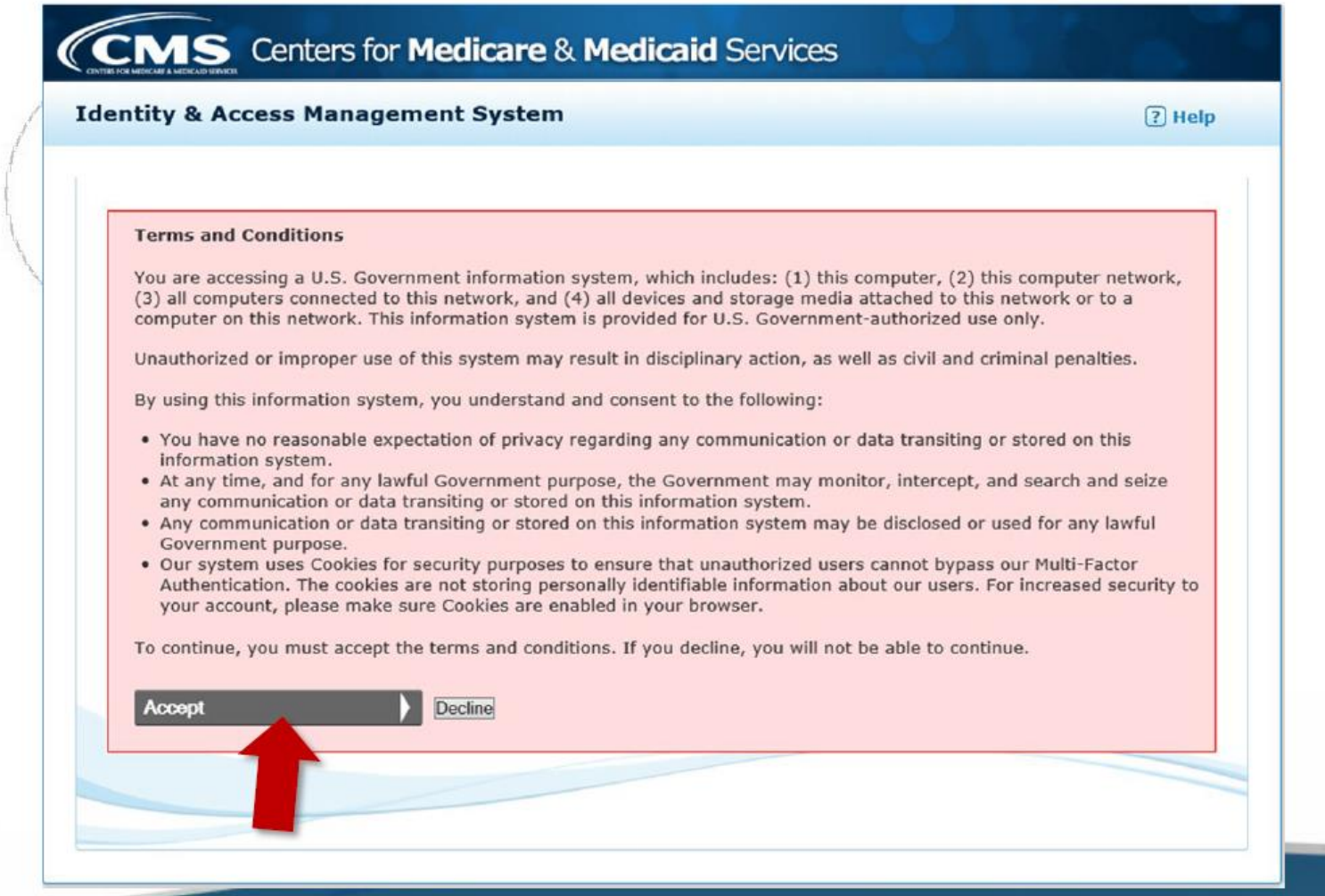
▪ One account will be created to access multiple systems. Select Create Account Now to proceed.
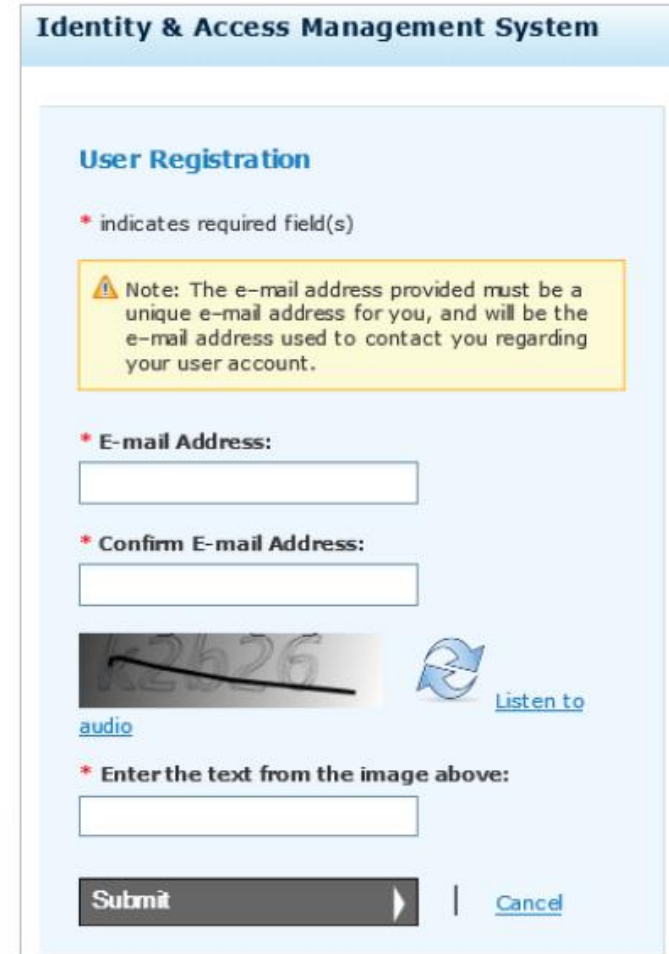
▪ Complete the User Registration fields.
  - E-mail Address / Confirm E-mail Address
  - Captcha
  - Submit

Complete the User Registration – User Security fields

User ID / Password / Confirm Password

* indicates required field(s)

* User ID:

NPIisCool

* Password:

•••••••••

* Confirm Password:

•••••••••

User ID Compliance:

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

✔ Must be 8-12 alphanumeric characters.
✔ Must contain at least one letter.
✔ Must contain at least one number.
✖ Must contain at least one valid special character.
✔ Must not contain any invalid special characters.
✔ Must not start with numeric characters.
✔ Must not contain three repeating characters.
✔ Must not be the same as your User ID.
✔ Password must match Confirm Password.

Valid Special Characters: @ # &) (- _ ' " . , * ; : / $!

Five Security Questions and Answers

Please select five different security questions and enter their answers below:

* Question 1:

What is the first and last name of your first boyfriend or girlfriend?

* Answer 1:

Smith

* Question 2:

What is your favorite food?

* Answer 2:

Broccoli

* Question 3:

What was the name of your first pet?

* Answer 3:

Oreo

* Question 4:

What city were you born in?

* Answer 4:

Austin

* Question 5:

What year did you graduate from high school?

* Answer 5:

1992

- Complete the **User Registration** – User Information fields
    - First & Last Name
    - Business Phone
    - DOB
    - SSN
    - Personal Phone
    - Home Address
    - City
    - Country
    - State / Province / Territory
    - Zip Code

    - Primary E-mail Address (auto-filled)

* First Name:
Henry

Middle Name:
Alan

* Last Name:
Jones

Suffix:

* Business Phone Number:
(701)-433-0037

Fax Number:

* Date of Birth: *(MM/DD/YYYY)*

* SSN:

Primary E-mail Address:
henry.jones@email.com

* Personal Phone Number:
(701)-654-9852

* Home Address Line 1:
300 45th St S

Home Address Line 2:
Suite 218

* City:
Fargo

* Country:
United States

* State/ Province/ Territory:
ND - NORTH DAKOTA

* Postal/ZIP Code:
58103

- ## Select your address:

  - ### Use Standardized Address
    or
  - ### Use the Address I Entered

Select your address   ⊗

⚠ **Important Note: Your address has been standardized.**
Your address has been standardized to USPS standards to your ensure contact information is accurate. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect, you may choose to use the address you entered by selecting it below. If you wish to modify the address, select Cancel to return to the address entry page.

⦿ **Use Standardized Address:**

300 45th St S Ste 218
Fargo, ND 58103-1189
United States

○ **Use The Address I Entered:**

300 45th St S
Suite 218
Fargo, ND 58103
United States

[Continue]

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method ▼
Select Primary Authentication Method
Phone Number Text/SMS
E-mail Address
Phone Number Voice Call

Continue ▶ | Cancel

- Multi-Factor Authentication is required to verify the user's identity via:

    Phone Number Text/SMS

    or

    E-Mail Address

    or

    Phone Number Voice Call

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Phone Number Text/SMS

* Phone Number:
Enter your 10 digit phone number the way you normally dial it.

(555) 123-4567 ✕

- Once the MFA code is received via the selected route, the user will enter the 6-digit code and select Verify Code.

- The MFA code can be resent as needed.

User Registration – Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete

Step 1 ✔ User Security   Step 2 ✔ User Info   Step 3 MFA Setup   Final Review

ⓘ Congratulations, your E-mail testnew@test.com was successfully verified! This will be used to verify your identity upon logging in.

If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.

Begin Alternative Setup ▶

Complete Registration ▶ | Cancel

- The Begin Alternative Setup option can be used to set up an additional form of MFA or the user can continue with the Complete Registration option.

- ## User Registration – Registration Complete

User Registration - Registration Complete

| Step 1 ✓ User Security | Step 2 ✓ User Info | Step 3 ✓ MFA Setup | Final Complete |

ⓘ Congratulations, your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or Access Manager, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you may add your employer and ask an Authorized Official or Access Manager associated with your employer to grant you access; or you can ask an Authorized Official or Access Manager associated with your employer to invite you to work on the behalf of the employer.

Continue To Home Page ▶

- The user has now created an account in Identity & Access...this is only the first step!

    - Sign Out of Identity and Access and return to NPPES.

CMS Centers for **Medicare** & **Medicaid** Services   **Logged in as NPIisCool   Sign Out**

- Once back at https://nppes.cms.hhs.gov, the user will sign in under Registered User Sign In to begin the initial NPI application.

- The user will be presented a page detailing MFA requirements for NPPES.
  - Since the MFA is set up in I&A, the MFA page prompts the user to send/receive the verification code to the location initially selected during set up.
  - If the user needs to make changes to where the code is sent, they can select the link to make edits to their MFA set up.

- After the code is sent, the user must select the device type.
- **VERIFY CODE** is selected.

Public Device – MFA code will only verify access for that *ONE* session.

Private Device – the system will install a cookie on the device, & the MFA is good for *24 hours*.

Multi-Factor Authentication (MFA)

* Indicates Required fields.

* Select where you wish to receive your verification code:

- ⦿ **Primary Authentication Method:** Email Address: j*****@religroupinc.com

Need to make changes to where you receive your verification code?   Go to I&A and Reset MFA

* Are you logging in to the system on a Public or Private device?

- ⦿ Public Device ⓘ
- ◯ Private Device ⓘ

* **Enter Code:**

[   ]   VERIFY CODE

Haven't received the code yet or need a new code?

SEND NEW CODE

CANCEL

- Select "Apply for an NPI for an Organization"

Complete Organization Profile

Organization Profile

* Indicates Required fields.

Note: Fields WITH 🔒 icon will not be publicly available. Fields WITHOUT 🔒 icon will be publicly available.

* Employer Identification Number (EIN): 🔒

* Organization Name: (Legal Business Name)

* Is the organization a subpart? ⓘ   ○ Yes   ○ No

Other Name:(If applicable)

Type of Other Name:

Select..

Organization Other Name:

CLEAR   SAVE

- Enter Authorized Official Information
  - If you have an existing NPI, you can search for your organization's information on the NPPES registry. This will show your NPI type, primary address, and primary taxonomy. Click on the NPI number and it will show more information, including when the number was established and the Authorized Official. https://npiregistry.cms.hhs.gov/search

  - An authorized official is an appointed official with the legal authority to make changes and/or updates to the organization provider's status (e.g., change of address, etc.) and to commit the organization provider to fully abide by the laws and regulations relating to the National Provider Identifier. The authorized official must be a general partner, chairman of the board, chief financial officer, chief executive officer, or direct owner of 5 percent or more of the organization provider being enumerated or must hold a position of similar status and authority within the organization.

  - Anyone that is a direct employee can apply to become an authorized official through NPPES. The signature of the currently authorized person is not required.

  - If you have any questions, please contact the External User Services (EUS) Help Desk:
    - 1-866-484-8049
    - EUSSupport@cgi.com
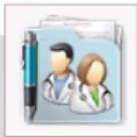
Authorized Official For The Organization

Prefix:	* First:	Middle:	* Last:	Suffix:

Credential(s):(MD, DO, etc.)	* Title/Position:

* Phone Number:	Extension:
(___)___-____	_____

- **Enter Address & Practice Location**

- Add Endpoint for Exchanging Healthcare Information (optional) or click "Next" to continue

- ## Add Other Identifiers (optional) or click "Next" to continue

Other Identifiers (optional)

Associating other provider identifiers with your NPI is optional.

If you are not going to add an Other Identifier to this NPI at this time, click the Next button.

If you are going to add an Other Identifier to this NPI, click here.

< PREVIOUS   **SAVE & EXIT**   **NEXT >**

Complete Taxonomy Information

- Choose Practice Type (must be either Multi-Specialty or Single Specialty)
- Choose Taxonomy (must be 172V00000X Community Health Worker)

Taxonomy

Provider's Taxonomy Information.

* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the National Uniform Claim Committee Website.

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

* Practice Type: ⓘ

○ Not a Group ○ 193200000X-Multi-Specialty ⦿ 193400000X-Single Specialty

Choose Taxonomy Filter: 🔍

Filter by Taxonomy name or Taxonomy code.

* Choose Taxonomy:

Choose Taxonomy ⌄

* Classifica | Choose Taxonomy select dropdown. Required

[CLEAR] [SAVE]

Click on the Primary Taxonomy box

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Actions	Primary Taxonomy ▲	Taxonomy Code	Taxonomy Type	Group Type
🗑	☐	172V00000X	Community Health Worker	193400000X-Single Specialty

- # Enter Contact Information
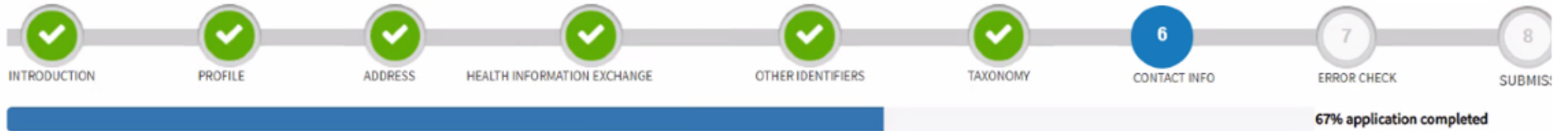
Contact Information

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Contact Information (only one required)

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

ADD CONTACT INFORMATION

❮ PREVIOUS   SAVE & EXIT   NEXT ❯

Complete Error Check

Error Check

Note: Please click the NEXT button to submit your application.

New Please click the VIEW button to review which details of this information will be public after you submit. VIEW

Step 1: Provider Profile

✔ **COMPLETED: Profile**
No Errors Found   REVIEW

Step 2: Address

- ## Submission Certification

Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

* Indicates Required fields.

- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.

- I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.

- I have read and understand the Privacy Act Statement.

- I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or

▪ Submission Certification – check the box and click "Submit"

application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.

- I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.

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* ☐ **I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.**

- ## Submission Confirmation

📁 **Submission Confirmation**

Thank you. Your application will be processed. **Your Tracking number is** : 11042024772452

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person(s) listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if a designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu.

If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.